

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF NEW YORK

PRO BONO FUND VOUCHER
AND REQUEST FOR REIMBURSEMENT

I, William D. Wallace/Michael D. Callan, duly appointed as counsel pro bono to
represent Terry in the matter of
Terry Daum v. Devlin, et al.

Civil Action No. 9:15 -CV-01083, hereby request reimbursement pursuant to Local Rule 83.2
for expenses incurred in the representation of my pro bono client in the amount of \$ 1,402.82.


I certify that the expenses, a detailed copy of which are attached hereto, are reasonable
and necessary. I further understand that absent prior approval of the court, cumulative expenses
in this matter will not exceed \$2,000.00.

Dated: 9/22/2021.

Counsel Pro Bono (Signature): 

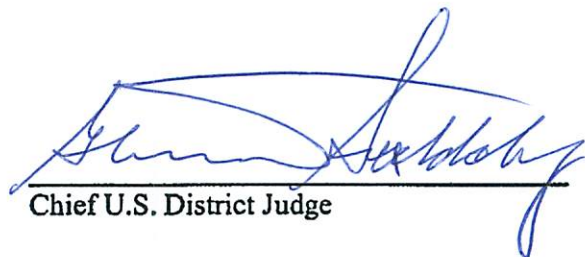
The above application of counsel pro bono is fair and reasonable and payment is
requested from the Northern District of New York's Pro Bono Fund.

Dated: _____.

Presiding Judge (Signature): 

IT IS SO ORDERED.

Dated: Oct 6, 2021.


Chief U.S. District Judge



**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK**

Pro Bono Authorization Request

Attorney(s) Name: William D. Wallace, Esq./Michael D. Callan, Esq.

**Case Number/Party
Represented:** Terry Daum - Case No. 9:15-cv-01083

☒ **Authorization Request for expenses in excess of \$500.00**

Explanation:

Video depositions and transcripts of Wille Johnson, Gary Bowen and
Jason Scotchmer on March 30, 2021

☐ **Authorization Request for voucher in excess of \$2,000.00**

Explanation:

☐ **Travel Authorization Request**

Provide justification for travel and a list of estimated travel expenses:

The above Authorization Request for travel expenses, expenses in excess of \$500.00 or voucher in excess of \$2,000.00 is hereby APPROVED.

Presiding Judge (Signature): 

Dated: _____

*Please email Authorization Request to the "Courtroom Deputy" of presiding Judge
*A copy of the approved authorization must be attached to your pro bono voucher.

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK**

Pro Bono Expense Voucher

Attorney(s) Name: Michael D. Callan, Esq./William D. Wallace, Esq.

Law Firm Name: Saunders Kahler, L.L.P.

Mailing Address of Law Firm: 185 Genesee Street, Suite 1400

City/State/Zip: Utica, NY 13501

I hereby request payment be made for Pro Bono services performed in:

Case Number: 9:15-CV-01083-DNH-DJS

Party Represented: Plaintiff Terry Daum

Dates of Service: From: 3/25/2019 To: 4/6/2021

*Rates Effective October 2020 through September 2021
See mileage rates for Northern District of New York*

GSA PER DIEM RATES:	Lodging	Meals
(Recommended)		
Syracuse	\$ 101	\$ 61
Albany	\$ 114	\$ 61
Utica	\$ 96	\$ 55
Binghamton	\$ 101	\$ 61
Plattsburgh	\$ 96	\$ 55

**Only actual expenses may be claimed*

**GRAND TOTAL
VOUCHER AMOUNT**

\$1402.82. ✓

Finance Audit MC **Date:** 9/22/2021

I certify that I rendered the services described herein, that said services are fair and reasonable and payment is requested from the Northern District of New York's Pro Bono Fund. I further understand that absent prior approval of the Court, cumulative expenses in this matter will not exceed \$2,000.00.

Attorney Signature: [Signature] **Date:** 9/22/2021

***Must provide receipts if your expenses include airfare, lodging, rental car and expenses \$50.00 and over.**

***Please submit your voucher via ECF using "Motion for Disbursement of Funds" event.**

***If you have an expense over \$500.00, travel expenses or your voucher exceeds \$2,000.00, please fill out the attached Authorization Request Form.**

Pro Bono Other Expenses

*Any expenses in excess of \$500.00 should receive the Court's prior approval. Please see guidelines for further details.

Attorney(s): Michael D. Callan, William D. Wallace

DATE	EXPENSE TYPE	NOTES/PURPOSE	TOTAL EXPENSE AMOUNT
3/5/20	Medical Records - Check to Sullivan CF	Evaluation of Injuries	\$ 27.00
4/1/21	Video Depositions and Transcripts	Trial Depositions	\$ 921.82
4/6/21	Lunch - Jimmy John's	Lunch for Client/COs, Attorneys	\$ 37.11
4/8/21	FedEx - clothes back to Daum's uncle	Clothes for trial	\$ 115.30
TOTAL:			\$ 1,101.23

✓
Original
amt \$46.38

✓

Pro Bono Travel Expenses

Receipts required for lodging, airfare, rental cars and any meal \$50.00 and over

*Reimbursement for meals and lodging expenses may be claimed only on an actual expense (itemized) basis, up to the applicable GSA per diem allowance for the date and location of travel. (See Rates table on page 1)

Attorney(s): _____

DATE	EXPENSE TYPE	TO/FROM	OTHER EXPENSE AMOUNT	MILEAGE	MILEAGE RATE .575 (EFFECTIVE 1/1/20)	TOTAL
8/16/19	Privately Owned Vehicle	Great Meadow/Utica		256	0.58	\$ 148.48 ✓
9/5/19	Privately Owned Vehicle	Albany/Utica		192	0.58	\$ 111.36 ✓
9/5/19	Meals: Breakfast		\$ 20.88			\$ 20.88
9/5/19	Meals: Lunch		\$ 20.87			\$ 20.87
TOTAL:						\$ 301.59 ✓

*Any expense other than privately owned vehicle, please enter in OTHER EXPENSE AMOUNT.



Associated
Reporters
International
Incorporated

Phone - 518-465-8029
Email - ARII@courtsteno.com

Invoice

Associated Reporters Int'l., Inc.

10 River Drive
P.O. Box 165
Massena, NY 13662

PAID
03/30/2021

Bill To
UNDERS KAHLER, LLP
Attn: Merritt S. Locke
185 Genesee Street, Suite 1400
Utica, NY 13501

Date	Invoice #	Job #	Terms	Tax ID
4/1/2021	149355	210330.1N1		16-1397123

Quantity	Description	Rate	Amount
	Appearance Fee: Full Day - 3/30/21	150.00	150.00
	Video Services - Video - Flat Charge - 3/30/21	75.00	75.00
25	Deposition of WILLELLE JOHNSON - Daum v Devlin/Cross/Stickney - 3/30/21 - Index No.: 15-CV-01083 - EXPEDITE	6.46	161.50
22	Deposition of GARY BOWEN - Daum v Devlin/Cross/Stickney - 3/30/21 - Index No.: 15-CV-01083 - EXPEDITE	6.46	142.12
20	Deposition of JASON SCOTCHMER - Daum v Devlin/Cross/Stickney - 3/30/21 - Index No.: 15-CV-01083 - EXPEDITE	6.46	129.20
	Video Services - Video editing	250.00	250.00
	Postage	14.00	14.00

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK

TERRY DAUM,
Plaintiff,
v Index No.: 15-CV-01083
CAPTAIN DEVLIN; SERGEANT CROSS;
C. STICKNEY, CORRECTION OFFICER,
Defendants.

_____X

DEPOSITIONS
DATE: March 30, 2021

VENUE: WebEx

Total

\$921.82 ✓

ACCOUNT ACTIVITY (CONTINUED)

Date of Transaction	Merchant Name or Transaction Description	\$ Amo.
03/17	INFO QUICK SOLUTIONS I 315-463-1400 NY	5.00
03/20	INFO QUICK SOLUTIONS I 315-463-1400 NY	2.00 /
03/20	INFO QUICK SOLUTIONS I 315-463-1400 NY	20.00 /
03/20	INFO QUICK SOLUTIONS I 315-463-1400 NY	3.00 /
03/23	DELAWARE COUNTY CLERK 607-8325700 NY	/210.00
03/26	NYSDOS ECORP 518 473 8262 518-4738262 NY	/210.00
03/29	IN *ASSOCIATED REPORTERS 315-7696429 NY	250.00
03/30	IN *ASSOCIATED REPORTERS 315-7696429 NY	1,000.00
MERRITT S LOCKE TRANSACTIONS THIS CYCLE (CARD)		

2021 Totals Year-to-Date

Total fees charged in 2021	\$0.00
Total interest charged in 2021	\$0.00

Year-to-date totals do not reflect any fee or interest refunds you may have received.

INTEREST CHARGES

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			
Purchases	13.24%(v)(d)	- 0 -	- 0 -
CASH ADVANCES			
Cash Advances	24.99%(v)(d)	- 0 -	- 0 -
BALANCE TRANSFERS			
Balance Transfer	13.24%(v)(d)	- 0 -	- 0 -

(v) = Variable Rate

(d) = Daily Balance Method (including new transactions)

(a) = Average Daily Balance Method (including new transactions)

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable.

*Includes interest charges on Late or Return Payment fees.

**This My Chase Loan has expired. Interest will continue to accrue on this My Chase Loan balance until it is paid in full.

31 Days in Billing Period

Associated Reporters Int'l., Inc.
10 River Drive
Massena, NY 13662

04/07/2021

CREDIT

Total: **\$328.18**

Visa

xxxxxxxxxxxx8087

Exp. Date: xx / xx

Entry Mode: Keyed

Name: SAUNDERS KAHLER, LLP

Auth. Code: N/A

QuickBooks Trans. No: 97

Trans. ID: ██████████

Merchant No.: ██████████

Terminal ID: -

AID -

X _____

Signature

MERCHANT COPY

FedEx
Express

Package
US Airbill
FedEx
Tracking
Number

8166 1063 1200
1 From Please print and press hard.

Date 4/8/21

Sender's FedEx
Account Number
8079 7858-0
Sender's
Name

Will Wallace

Phone 315 733-0419

Company

SAUNDERS KAHLER, LLP

Address

185 GENESEE ST STE 1400

City

UTICA

State

NY

ZIP

13501-2106

2 Your Internal Billing Reference

Put in characters and spaces as shown.

19-99

BILLING

3 To
Recipient's
Name

Edward De Cardona

Company
Address

102 Drake Avenue

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Dist. Point/Unit/Room

Address

Unit 12

Use this line for the HOLD location address in the construction of your shipping address.

City

New Rochelle

State

NY

ZIP

10805

0137202269


 Leave the packing to the pros at FedEx Office.
Go to fedex.com/office.

4 Express Package Service

*To most locations.

Packages up to 150 lbs.

For packages over 150 lbs., see the FedEx Express Freight Service.

Next Business Day
☐ **FedEx First Overnight**
Earliest next business morning delivery to select locations. Priority shipments will be delivered on Monday unless Saturday Delivery is selected.

☐ **FedEx Priority Overnight**
Next business morning delivery to select locations. Priority shipments will be delivered on Monday unless Saturday Delivery is selected.

☒ **FedEx Standard Overnight**
Next business morning delivery to select locations. Priority shipments will be delivered on Monday unless Saturday Delivery is selected.

2nd Business Day
☐ **FedEx 2Day A.M.**
Second business morning delivery to select locations. Priority shipments will be delivered on Monday unless Saturday Delivery is selected.

☐ **FedEx 2Day**
Second business afternoon delivery to select locations. Priority shipments will be delivered on Monday unless Saturday Delivery is selected.

☐ **FedEx Express Saver**
Third business day delivery to select locations. Priority shipments will be delivered on Monday unless Saturday Delivery is selected.

5 Packaging

*Standard values based on weight.

☐ **FedEx Envelope**
☐ **FedEx Pak**
☐ **FedEx Box**
☐ **FedEx Tube**
☒ **Other**
6 Special Handling and Delivery Signature Options

Please mark applicable. See the FedEx Service Guide.

☐ **Saturday Delivery**
Not available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

☒ **No Signature Required**
Packages may be left unattended. No signature required for delivery.

☐ **Direct Signature**
Signature of recipient or authorized agent required for delivery.

☐ **Indirect Signature**
Signature of someone at the delivery address may sign for delivery. For residential deliveries only.

Does this shipment contain dangerous goods?

One box must be checked.

☒ **No**
☐ **Yes**
See our attached Dangerous Goods Declaration.

☐ **Yes**
Dangerous Goods Declaration not required.

☐ **Dry Ice**
Dry Ice, U.N. 1845

☐ **Cargo Aircraft Only**

Restrictions apply for dangerous goods — see the current FedEx Service Guide.

7 Payment Bill to:

This bill can be used only when billing to a FedEx account number for cash, check, or credit card transactions. Please go to a verified shipping location.

☒ **Sender**
Account has a balance. Bill will be sent.

☐ **Recipient**
☐ **Third Party**

FedEx Account No.

Total Packages
Total Weight
Total Declared Value*

The liability is limited to USD\$100 unless you declare a higher value. See back for details. By using this bill you agree to the service conditions on the back of this bill and in the current FedEx Service Guide, including terms that limit our liability.

Rev. Date 2/15 • Form 602334 • ©2015 FedEx • PRINTED IN U.S.A.

611

PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE. NO FOLDS NEEDED.



Invoice Number	Invoice Date	Account Number	Page
7-335-16157	Apr 12, 2021	[REDACTED]	4 of 4

Ship Date: Apr 08, 2021

Cust. Ref.: 19 99

Ref.#2:

Payor: Shipper

Ref.#3:

Fuel Surcharge - FedEx has applied a fuel surcharge of 6.25% to this shipment.
Distance Based Pricing, Zone 3

We calculated your charges based on a dimensional weight of 27.0 lbs, 19 in x 12 in x 16 in, using a dimensional factor of 139.

Package Delivered to Recipient Address - Release Authorized

Automation	AWB	Sender	Recipient
Tracking ID	816610631200	WILL WALLACE	EDWARD DE CARDURA
Service Type	FedEx Standard Overnight	SAUNDERS KAHLE, LLP	102 DRKAE AVE UNIT 12
Package Type	Customer Packaging	185 GENESEE ST STE 1400	NEW ROCHELLE NY 10805 US
Zone	03	UTICA NY 13501-2108 US	
Packages	1		
Rated Weight	27.0 lbs, 12.2 kgs		
Delivered	Apr 09, 2021 14:56	Transportation Charge	103.57
Svc Area	A2	Fuel Surcharge	6.78
Signed by	see above	Residential Delivery	4.95
FedEx Use	009845720/1305/02	Total Charge	USD \$115.30
Shipper Subtotal			USD \$287.48
Total FedEx Express			USD \$287.48

Imaging - View Transaction

SAUNDERS KAHLER, L.L.P.
SUITE 1400
185 GENESEE STREET
UTICA, NEW YORK 13501

ADIRONDACK BANK
185 GENESEE STREET
UTICA, NEW YORK 13501

50-71702213

41136

Check # 41136

DATE Apr 14/21

AMOUNT \$287.48

48/100

*** Two Hundred Eighty Seven *****

FedEx

P.O. Box 371461
Pittsburgh PA 15250-7461

GENERAL ACCOUNT

AUTHORIZED SIGNATURE

BP.

UP 041136 02213717090

[illegible]

PIT

**BNYMELLON
CRED TO PAYEE
ABS END GUAR**

ENDORSE HERE
X

☐ CHECK HERE IF MOBILE DEPOSIT
DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE